2014 Order Form

Seed Savers Exchange

Placing an order is easy!

- Online at **www.seedsavers.org/shop**
- By phone at **563-382-5990**
  (Mon-Fri) 9:00 a.m. to 5:00 p.m. Central Time
- By fax at **563-382-6511**
- By mail at **3094 North Winn Road**
  Decorah, IA 52101-7776

BILLING & CONTACT INFORMATION

Customer # on back of catalog _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____ (for order confirmation)

☐ Change of address

SHIPPING INFORMATION *(if different than billing info)*

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Please do not use this order form for ordering

Garlic, Potatoes, and Transplants

See the insert in this catalog for information

SSE reserves the right to substitute a similar variety in case of a crop failure or shortage. Please check here if you prefer no substitutions. ☐

	Item #	Size Pkt, oz, lb	How Many	Name of Item	Price Each	Total price for item
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
				(Please enter this amount on the first line of the next page.) **Sub-Total** This Page		

PLEASE CONTINUE YOUR ORDER ON THE OTHER SIDE OF THIS FORM

CONTINUED FROM YOUR ORDER ON THE OTHER SIDE OF THIS FORM

	Item #	Size Pkt, oz, lb	How Many	Name of Item	Price Each	Total price for item
					Sub-Total from page 1	
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

Shipping and Handling Charges

$10.00 or less $3.00
$10.01-$20.00 .....$4.00
$20.01-$30.00.....$6.00
$30.01-$50.00.....$7.00
$50.01-$99.99.....$9.00
Over $100.00.....10% of Subtotal
Online orders receive actual shipping costs

Please do not include purchases of Membership or Gift Cards when calculating shipping & handling charges.

Payment Method

☐ Check/Money Order
☐ Seed Savers Exchange Gift Card
☐Visa ☐MasterCard ☐Discover ☐American Express

Exp. Date:

Signature: _____

Gift Card #:
(If ordering amount is greater than SSE Gift Card amount, please enter credit card information or enclose check/money order to cover the difference)

Daytime Phone: _____

Total Purchase Amount	
SSE Members deduct 10% from Total:	
Sales Tax (Iowa Residents Only; local sales tax): (no tax charged on cooking beans)	
Shipping and Handling from chart at left: (not charged on Membership Fees or taxes) *Online orders receive actual shipping costs*	
Total for Membership Fees (see page 4):	
Total for Gift Cards (see page 3):	
TOTAL AMOUNT (U.S. funds only please):	

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